

As a **below named inventor**, I hereby declare that my residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the **INVENTION ENTITLED A LUBRICATION SYSTEM** the specification of which is attached hereto.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56. I hereby claim foreign priority benefits under 35 U.S.C. 119/365 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate filed by me or my assignee disclosing the subject matter claimed in this application and having a filing date (1) before that of the application on which priority is claimed, or (2) if no priority claimed, before the filing date of this application:

<u>PRIOR FOREIGN APPLICATION(S)</u>			<u>Date first Laid-</u>	<u>Date Patented</u>	<u>Priority Claimed</u>
<u>Number</u>	<u>Country</u>	<u>Day/MONTH/Year Filed</u>	<u>Open or Published</u>	<u>or Granted</u>	<u>Yes</u> <u>No</u>
0218849.8	GB	14 August 2002			X

I hereby claim domestic priority benefit under 35 U.S.C. 120/365 of the indicated United States applications listed below and PCT international applications listed above or below and, if this is a continuation-in-part (CIP) application, insofar as the subject matter disclosed and claimed in this application is in addition to that disclosed in such prior applications, I acknowledge the duty to disclose all information known to me to be material to patentability as defined in 37 C.F.R. 1.56 which became available between the filing date of each such prior application and the national or PCT international filing date of this application:

PRIOR U.S. PROVISIONAL, NONPROVISIONAL AND/OR PCT APPLICATION(S)			Status	Priority Claimed
Application No.(series code/serial no.)	Day/MONTH/Year Filed	pending, abandoned, patented	Yes	No

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

I hereby appoint the registered practitioners represented by **Customer No.: 20736** to prosecute this application and transact all business in the U.S. Patent and Trademark Office in connection therewith. Direct all correspondence to **Manelli, Denison & Selter PLLC at Customer No.: 20736**.

1. INVENTOR'S SIGNATURE: Ian C.D. Care DATE: 17th June 2003

Inventor's Name (typed)	<u>Ian</u>	<u>CD</u>	<u>Care</u>	<u>United Kingdom</u>
	First	Middle Initial	Family Name	Country of Citizenship
Residence(City)	<u>Derby (State) Derbyshire</u>			
Post Office Address (Include Zip Code)	<u>8 Kings Drive, Littleover, Derby, DE23 6EU, England</u>			

2. INVENTOR'S SIGNATURE: James E. Forfar DATE: 18/Jan/23

Inventor's Name (typed) James E Forfar United Kingdom

First Middle Initial Family Name Country of Citizenship

Residence (City) Nottingham (State) Nottinghamshire

Post Office Address (Include Zip Code) 27 Enfield Street, Beeston, Nottingham, NG9 1DN, England

3. INVENTOR'S SIGNATURE: _____ **DATE:** _____

Inventor's Name (typed)	First	Middle Initial (State)	Family Name	Country of Citizenship
Residence (City) _____				
Post Office Address (Include Zip Code) _____				

4. INVENTOR'S SIGNATURE: _____ DATE: _____
 Inventor's Name (typed) _____
 _____ First Middle Initial Family Name Country of Citizenship
 Residence (City) _____
 Post Office Address (Include Zip Code) _____